

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$1,605.00 for dates of service 05/02/01 and 05/03/01.
- b. The request was received on 05/02/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. TWCC 62 forms
  - d. Letter of Medical Necessity dated 07/18/01
  - e. Reimbursement data
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. According to the Commission's Computer Information System, the Insurance Carrier did not receive a copy of additional information that was submitted on 06/24/02. There is no carrier signed sheet in the file. A copy of the additional information was put in the carrier representative box on 10/15/02. Insurance carrier responded to the additional information on 10/30/02 and will be considered timely.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 06/24/02

“After submitting our initial claim and also our request for reconsideration, the insurance carrier refused to pay us for codes L0565, L0960, E1399, E0745, E0731, A4557, A4558, A4630, E1399, E1399, and E0745 (these items were given to patient for 60 days). Since there are no MAR amounts in TWCC Medical Fee Guidelines, we have enclosed EOBs from other insurance carriers that have reimbursed us for these same codes. These EOBs

should clearly prove and state that we are only asking to get reimbursed what is ‘fair and reasonable’ per our geographical area.”

2. Respondent: Letter dated 10/30/02

“The carrier received the Commission’s notice for the requestor to submit additional documentation, dated 6/10/02. However, the carrier never received the additional documentation until 10/22/02. In response to the current receipt of the requestor’s additional documentation, the following is a statement of the reasons why the medical fees should not be paid.

The custom fitted brace with pads form one item. The brace is custom fitted that would also indicate the fitting and training would also be a part of the item as a whole. The requestor has unbundled the charges to avoid preauthorization. As such, our rationale for maintaining the denial: “A”- Preauthorization required but not requested remains, as the assembled item cost is greater than \$500.00.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 05/02/01 and 05/03/01.
2. The denial codes listed on the EOBs are “A-PREAUTHORIZATION REQUIRED BUT NOT REQUESTED. UNBUNDLED ITEMS THAT FORM ONE.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/02/01	L0565	\$495.00	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement is recommended in the amount of <b>\$495.00</b> .
05/02/01	L0960	\$125.00	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement is recommended in the amount of <b>\$125.00</b> .
05/02/01 05/03/01	E1399	\$125.00 \$125.00	\$0.00 \$0.00	A A	DOP DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement is recommended in the amount of <b>\$250.00</b> .
05/03/01	E0745	\$249.50	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement is recommended in the amount of <b>\$249.50</b> .
05/03/01	E0731	\$350.00	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement is recommended in the amount of <b>\$350.00</b> .

05/03/01	A4557	\$24.50	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement <b>is</b> recommended in the amount of <b>\$24.50</b> .
05/03/01	A4558	\$24.50	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement <b>is</b> recommended in the amount of <b>\$24.50</b> .
05/03/01	A4630	\$30.00	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement <b>is</b> recommended in the amount of <b>\$30.00</b> .
05/03/01	E1399	\$30.00	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement <b>is</b> recommended in the amount of <b>\$30.00</b> .
05/03/01	E0745	\$249.50	\$0.00	A	DOP	TWCC Rule 134.600 (i)(5)	The provider did not have to obtain pre-authorization because the charges were not in excess of \$500.00. Therefore, reimbursement <b>is</b> recommended in the amount of <b>\$249.50</b> .
<b>Totals</b>		\$1828.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$1,605.00</b> per the Table of Disputed Services.

The above Findings and Decision are hereby issued this 13<sup>th</sup> day of December 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Mb/mb

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,605.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13<sup>th</sup> day of December 2002.

Carolyn Ollar  
Supervisor Medical Dispute Resolution  
Medical Review Division

CO/mb